

CTC Referral Policy

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1. Responsibility for approval of policy	Board of Directors/CQSC
2. Responsibility for implementation	Senior Management
3. Responsibility for ensuring review	Head of Function
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6. Authors	Community and Day Services Manager

Document Owner and Approval

The Community & Day Services Manager is the owner of this document and is responsible for ensuring that this policy document is reviewed in line with the review requirements stated above.

A current version of this document is available to all members of staff on the *Coolmine Teams General Files Channel*.

Mission Statement

Coolmine Therapeutic Community believes that everyone should have the opportunity to overcome addiction and lead a fulfilled and productive life.

Values

Dignity and Respect; Compassion; Honesty, Consistency, Responsibility; Safety and Security; Commitment to Quality.

1. Policy Statement

1.1. Coolmine Therapeutic Community is committed to ensuring that all clients contemplating entry or entering Coolmine treatment services are dealt with fairly and transparently, have access to information regarding the range of services available, are matched to a service that meets their needs, where possible, and are protected from avoidable risks to their health and wellbeing.

2. Purpose

2.1. This procedure establishes general guidelines for referrals to all Coolmine programmes

3. Scope

- 3.1. This policy covers how Coolmine receives, processes, and communicates with all referrals to our treatment services.
- 3.2 Coolmine offer a range of services at all stages on the continuum of care. Please see website for range of services
- 3.2. This policy establishes the criteria for admission to Coolmine residential and drug free services only

4. Procedure:

- 4.1 All enquiries and initial referrals to Coolmine services should be made to following contact numbers: Outreach: 0871229307 or email admissions@coolminetc.ie
- 4.2 Referral forms can be accessed on the Coolmine website www.coolmine.ie for all Coolmine services

5. Referral Criteria for Community and Residential Drug Free Programmes

- 5.1. These projects are suitable for clients:
 - 5.1.1. who are drug and alcohol free
 - 5.1.2. who are completing a detox regime from prescribed or illicit drug use on medical advice
 - 5.1.3. have overcome any physiological withdrawal symptoms associated with their drug or alcohol use with the exception of clients admitting for detox
 - 5.1.4. whom wish to maintain/attain drug free as their recovery goal
- 5.2 These projects may not be suitable for clients whom:
 - 5.2.1. stabilisation/reducing their use is their primary treatment goal

- 5.2.2. unable to sit in groups for a period of time or not suited to group therapy
- 5.2.3. whom have family members or close personal relationships with any Coolmine staff
- 5.2.1. who have convictions for arson. This is assessed on a case by case basis following risk assessment
- 5.2.2. whom have convictions for sex offences

6. Methadone Detoxification in Residential Projects and Drug Free Day Programme

- 6.1 Coolmine will work with prescribers to facilitate clients who are committed to detoxing from a low dose (40mls or equivalent) of Methadone, during the initial stage of the programme.
- 6.1.1 Refer to the Methadone procedure for the specific requirements around referrals of prospective clients who wish to detox from Methadone.

7. Residential Services minimal health requirements

7.1 Mental health:

- 7.1.1 Any client, who has had a psychiatric assessment within the last 24 months, has a history of self-harm/suicidal ideation or a previous mental health diagnosis will require an assessment with a Coolmine nurse and, if deemed necessary, a psychiatric report.
- 7.1.2 Clients on low-doses of anti-depressants or other medication for minor mental health conditions such as anxiety can be admitted on a case-by-case basis and then only with a Coolmine nurse assessment of medication regime, prescriber contact and length of treatment.

7.2 Physical health:

- 7.2.1. Any client, who may be on prescribed physical health medication/ physical health needs may require an assessment with the Coolmine nurse and if deemed necessary appropriate correspondence in relation to the type, medication regime and length of treatment.

6. Referral Process:

- 6.0. Referrals are accepted from agencies, families, or individuals but all referrals must be processed through the relevant admissions team.
- 6.1. Internal transfers are considered, as appropriate, across projects. This will be overseen by the Case Manager.
- 6.2. The outreach/project worker completes an initial assessment on the potential admission and it will be recorded on Ecass.
- 6.3. Admissions liaises with a Coolmine Nurse regarding any medical information or support required for the potential admission.
- 6.4. The outreach worker places the client onto the local project waiting list and/or supports the referral with appropriate treatment options externally.
- 6.5. The referrals list is reviewed weekly at the local staff meeting and priority given to clients who meet the admission criteria.

- 6.6. The local project waiting lists are reviewed and updated weekly. This process may deem a referral inactive if there has been no ongoing contact since the referral/initial assessment. A letter/telephone call to the referral agent and/or client will inform of this position.
- 6.7. Coolmine outreach staff will respond to all referrals received within 5 working days.
- 6.8. All prospective clients will be offered support via weekly pre-entry group; one to one brief intervention and uranalysis, as appropriate.

7. Responsibility

- 7.0. It is the responsibility of management and staff to ensure that the establishment, implementation, and maintenance of this policy is clearly communicated to resident/clients and visitors to any of the Coolmine facilities.
- 7.1. The managers at Coolmine are responsible for ensuring that all policies and procedures are implemented effectively and efficiently. All other staff and volunteers are expected to facilitate this process.